

|  |                 |                   |
|--|-----------------|-------------------|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)      |
|  | 09/441,683      | SLATER, JOSEPH B. |
|  | Examiner        | Art Unit          |
|  | Zandra V. Smith | 2877              |

| ORIGINAL   |          |       |   | CROSS REFERENCE(S)   |   |   |   |   |   |   |   |
|--|----------|-------|---|--|---|---|---|---|---|---|---|
| CLASS  | SUBCLASS | CLASS |   | SUBCLASS (ONE SUBCLASS PER BLOCK)  |   |   |   |   |   |   |   |
| 356  | 301      |       |   |  |   |   |   |   |   |   |   |
| INTERNATIONAL CLASSIFICATION                                 |          |       |   |  |   |   |   |   |   |   |   |
| G  | 0        | 1     | J | 03/44  | / | / | / | / | / | / | / |
| (Assistant Examiner) (Date)                                  |          |       |   | Zandra V. Smith<br>Primary Examiner<br>Art Unit: 2877<br>(Primary Examiner) (Date) |   |   |   |   |   |   |   |
| Fayyaz Umarali 11-804<br>(Legal Instruments Examiner) (Date) |          |       |   | Total Claims Allowed: 11<br>O.G.<br>Print Claim(s) 1<br>O.G.<br>Print Fig. 1       |   |   |   |   |   |   |   |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
| 1  | 1        |                              | 31       |                               | 61       |                                 | 91       |
| 2  | 2        |                              | 32       |                               | 62       |                                 | 92       |
| 3  | 3        |                              | 33       |                               | 63       |                                 | 93       |
| 4  | 4        |                              | 34       |                               | 64       |                                 | 94       |
| 5  | 5        |                              | 35       |                               | 65       |                                 | 95       |
| 6  | 6        |                              | 36       |                               | 66       |                                 | 96       |
| 7  | 7        |                              | 37       |                               | 67       |                                 | 97       |
| 8  | 8        |                              | 38       |                               | 68       |                                 | 98       |
| 9  | 9        |                              | 39       |                               | 69       |                                 | 99       |
| 10   | 10       |                              | 40       |                               | 70       |                                 | 100      |
| 9  | 11       |                              | 41       |                               | 71       |                                 | 101      |
| 10   | 12       |                              | 42       |                               | 72       |                                 | 102      |
| 11   | 13       |                              | 43       |                               | 73       |                                 | 103      |
|  | 14       |                              | 44       |                               | 74       |                                 | 104      |
|  | 15       |                              | 45       |                               | 75       |                                 | 105      |
|  | 16       |                              | 46       |                               | 76       |                                 | 106      |
|  | 17       |                              | 47       |                               | 77       |                                 | 107      |
|  | 18       |                              | 48       |                               | 78       |                                 | 108      |
|  | 19       |                              | 49       |                               | 79       |                                 | 109      |
|  | 20       |                              | 50       |                               | 80       |                                 | 110      |
|  | 21       |                              | 51       |                               | 81       |                                 | 111      |
|  | 22       |                              | 52       |                               | 82       |                                 | 112      |
|  | 23       |                              | 53       |                               | 83       |                                 | 113      |
|  | 24       |                              | 54       |                               | 84       |                                 | 114      |
|  | 25       |                              | 55       |                               | 85       |                                 | 115      |
|  | 26       |                              | 56       |                               | 86       |                                 | 116      |
|  | 27       |                              | 57       |                               | 87       |                                 | 117      |
|  | 28       |                              | 58       |                               | 88       |                                 | 118      |
|  | 29       |                              | 59       |                               | 89       |                                 | 119      |
|  | 30       |                              | 60       |                               | 90       |                                 | 120      |

| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-------------|-------|----------------|---------------------|
| 09/441,683    | 11/16/99    | 356   | 2877           | KOS-11702/03        |

|  |   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
|--|---|---|---------------------|-------------------|-------------------------|---|---|------------------------|---------------------|-------------------|-------------------------|---|--|--|--|--|--|
| APPLICANT  | JOSEPH B. SLATER, DEXTER, MI.   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| <p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED PROVISIONAL APPLICATION NO. 60/108,720 11/17/98<br/> <i>28 Nov 4/16/02</i></p> <p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED<br/> <i>28 Nov 4/16/02</i></p> <p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED<br/> <i>John G Posas</i></p>  |   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99</p> <table border="1"> <tr> <td>Foreign Priority claimed<br/>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance</td> <td>STATE OR COUNTRY<br/>MI</td> <td>SHEETS DRAWING<br/>3</td> <td>TOTAL CLAIMS<br/>7</td> <td>INDEPENDENT CLAIMS<br/>1</td> </tr> <tr> <td>Verified and Acknowledged<br/>Examiner's Signature _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |   |   |                     |                   |                         | Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MI | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>7 | INDEPENDENT CLAIMS<br>1 | Verified and Acknowledged<br>Examiner's Signature _____ |  |  |  |  |  |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MI  | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>7 | INDEPENDENT CLAIMS<br>1 |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| Verified and Acknowledged<br>Examiner's Signature _____  |   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| ADDRESS  | JOHN G POSA<br>GIFFORD KRASS GROH SPRINKLE<br>PATMORE ANDERSON & CITKOWSKI P C<br>280 N OLD WOODWARD AVE SUITE 400<br>BIRMINGHAM MI 48009   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| TITLE  | OPTICAL PROBE WITH SAMPLING WINDOW CLEANING CONFIGURATION   |   |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |
| FILING FEE RECEIVED<br>\$760   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                     |                   |                         |   |   |                        |                     |                   |                         |   |  |  |  |  |  |